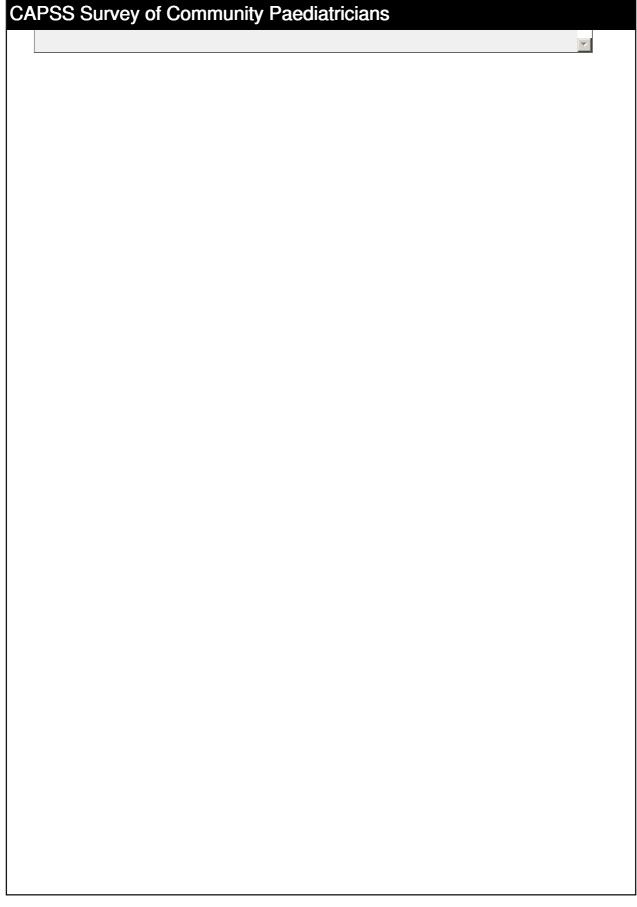
CAPSS Survey of Community Paediatricians				
We wish to know about Community Paediatricians involvement in the care of children and adolescents with specific mental health conditions. This information will help us to understand the validity of the Child and Adolescent Psychiatry Surveillance System process.				
\star 1. Does your work in community paediatrics involve clinical work with patients?				
O Yes				
○ No				
Any Comment				

4	SS Survey of Community Paediatricians
* 2.	Does your work involve both acute and community paediatric patients?
O Y	
0 1	No, all my work is in community paediatrics
0 1	No, all my work is in acute paediatrics

1	5/	AF	SS Survey of Community Paediatricians
\bigcirc)		
\bigcirc) 3		Vhat is your grade?
\angle)	0	Consultant
$oldsymbol{arphi}$,)	0	Associate Specialist
\subset	<i>,</i>	0	Staff Grade
egthinspace = egt)	0	Other Non-Consultant Career Grade
		0	Trainee
	4	4. D	o you have a special role or special interest in one or more of the following?
			ase answer all that apply
]		Safeguarding/Child Protection
T]		Looked After Children
H]]		Neurodevelopmental (including ADHD and ASD)
ᆂ]		Neurodisability
노]		Foetal Alcohol Syndrome
\vdash			Behavioural Paediatrics
			Other (please specify)
			A
			▼I

Please answer	the questions that fo	ollow about all are	as of your clinical y	work	
					4 . 6
	ssessment and t of the service		of mental heal	th disorders pa	rt of your job pla
C Yes	i oi tiic scivicc	you work iii.			
O No					
Other					
Please specify					
. ,					
≮6. W hat is	the age range	you are involv	ed with in you	r clinical work?	
	er all that apply		•		
Less than 5					
5-11					
☐ 11-18					
Any Comment					
					<u>~</u>

*7. Please indicate which service(s) a child/adolescent will attend for assessment/treatment if they present in your catchment population with one of the following conditions: (Please answer in relation to the age range of your service, this may involve checking more than one box for each condition)					
	My Service (WITH a Community P€ trician)	Another Service WITH a Community Paediatrician or Pae cian	A Service WITH a Child and Adolescent Psych t	Any Service with NO Input from Paediatricians and Child and Addent Psychiatrician	Don't know
Alcohol and Drug Problems (Includes ntoxication)					
Psychosis					
Mood Disorder Depression/Bipolar)					
Emotional Disorder Anxiety/OCD)					
sychological Trauma		片	두		
Psychological Disorder associated with Physical Symptoms	<u>L,</u> b		<u>L</u> _		
eeding Disorders Avoidant/Restrictive Food ntake Disorders)			г		
ating Disorder			П		
elf Harm and Suicidality		H	H		
earning Disability		占	본		
utism Spectrum Disorder		片	H		
DHD			r 		
ourettes			닏		
Other Neurodevelopmental Disorders					
aggressive and Disruptive Behaviour					
buse/Neglect					
ttachment Disorder			4		
ooked After Children		F	F		
oetal Alcohol Syndrome	H	H	片	□片	
ny Comment					

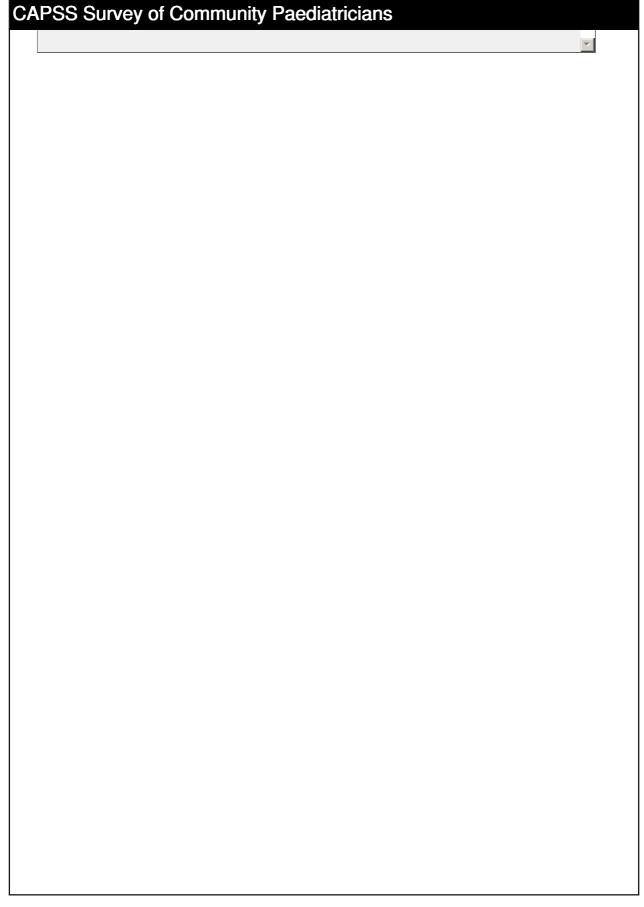


CAPSS Survey of Community Paediatricians

8. If a child/adolescent with one of the following conditions attends the community paediatric service you work in, please indicate the likelihood of your involement in their assessment or care.

*"Involvement in their assessment or care" includes being aware of (e.g. having responsibility for, aware through multidisciplinary team discussion, supervision) or having direct clinical contact with the child/adolescent.

	Alway stly (>75%)	Often75%)	Sometime 5%-	Rarely/Never (%)	Don't know
Alcohol and Drug Problems (Includes Intoxication)	0	0	0	0	0
Psychosis	\bigcap	\bigcap	\bigcirc	$\circ \bigcirc$	0 (
Mood Disorder (Depression and Bipolar)		0	0	0	
Emotional Disorder (Anxiety/OCD)	\bigcirc_{\circ}	\circ		0	
Psychological Trauma	\bigcirc			0	
Psychological Disorder associated with Physical Symptoms	Q	O	\mathcal{O}	o O	0
Feeding Disorders (Avoidant/Restrictive Food Intake Disorders)	\bigcirc	\circ	\bigcirc	o 🔾	0
Eating Disorder	\bigcirc	\bigcirc		0	
Self Harm and Suicidality	\bigcap	$\tilde{\bigcirc}$	\bigcirc	0 (
Learning Disability	$\widetilde{\bigcirc}$	$\widetilde{\bigcirc}$	\circ	$\circ \; \bigcap$	$\circ \bigcap$
Autism Spectrum Disorder	\sim	\sim		0	0 0
ADHD	\sim	\succeq		0	0
Tourettes	$\mathcal{L}_{\mathcal{L}}$		\sim	0	0
Other Neurodevelopmental Disorders	O	\circ			
Aggressive and Disruptive Behaviour	0	0	0	0	0
Abuse/Neglect	O _O	Q		0	0
Attachment Disorder	\bigcirc	\bigcirc		0	
Looked After Children	\bigcap_{i}	$\widetilde{\bigcirc}$		\circ \bigcirc	
Foetal Alcohol Syndrome	$\widetilde{\mathcal{C}}$	$\tilde{\bigcirc}$		0 0	
Any Comment	\bigcirc	\longrightarrow	\longrightarrow	\sim	



CAPSS Survey of Community Paediatricians
End of Survey
Thank you very much for your time and help with this survey!
9. Please indicate in the space below if there is anything else you feel is relevant that has not been covered in this survey

CAPSS Survey of Community Paediatricians
End of Survey
Thank you for your time and willingness to participate in this survey but you can only help if you have a clinical role in community paediatrics.